



State of Utah
Department of Public Safety
Bureau of Criminal Identification
RENEWAL APPLICATION FOR CONCEALED FIREARM PERMIT
WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK

Your application will ***not*** be processed unless this form is completely filled out, signed and all applicable questions have been answered. Enclose the **\$15.00 fee (include \$7.50 late fee if the permit is more than 30 days expired), one current passport quality color photo** (white background, from the shoulders up, applicant looking straight at the camera, no hats, no sunglasses) and photocopy of resident state's permit (if resident state honors the Utah CFP). **PLEASE WRITE YOUR NAME AND PERMIT # ON BACK OF PHOTO!!** You have one year from the permits expiration date to submit renewal application. Payment may be made in the form of money order, credit card or check made payable to "Utah Bureau of Criminal Identification". Name and address must be imprinted on check. Cash will be accepted if your application is submitted in person. **FEES ARE NON-REFUNDABLE. DO NOT SEND CASH IN THE MAIL.**

Bureau Use Only

PERMITS CANNOT BE RENEWED MORE THAN 90 DAYS BEFORE THEY EXPIRE.

NAME _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
(Last) (First) (Middle)
(Please print full name as it appears on your driver license or state issued ID card)

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

☐ ADDRESS _____
(check box if address changed) (Street) (City) (County) (State) (Zip)

MAILING ADDRESS _____
(Street) (City) (County) (State) (Zip)

CONCEALED FIREARM PERMIT # _____ SOCIAL SECURITY NO _____

HOME PHONE _____ WORK PHONE _____ DRIVERS LIC# _____ STATE _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ SEX _____ RACE _____

WHAT IS YOUR CITIZENSHIP _____ ALIEN REGISTRATION OR NATURALIZATION # _____

Please answer Yes or No to all questions below. A complete criminal background check will be conducted, including expunged and juvenile court records. If you answer Yes to any questions, attach documentation explaining your answer.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of a felony? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of a crime of violence? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of an offense involving the use of alcohol? (i.e. DUI/DWI, alcohol related reckless, unlawful use of alcohol, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of the unlawful use of narcotics or other controlled substances? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of any offense involving moral turpitude? (i.e., theft, criminal mischief, sex crimes, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of offense involving domestic violence? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been adjudicated as mentally incompetent? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you currently subject to a court sanctioned protective order? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been dishonorably discharged from the armed forces? |

Please read and sign the statement below.

I understand that it is a class B misdemeanor to knowingly and willfully provide false information on a concealed firearms permit application and may result in the suspension or revocation of a permit pursuant to Utah Code Ann. § 53-5-704(15). I hereby declare under criminal penalty of the State of Utah that the information contained on this application is true and correct.

Signed on: _____
(Date)

(Signature)

METHOD OF PAYMENT (CHECK APPROPRIATE BOX)

Payment enclosed (check or money order only) ☐ Credit Card ☐

Credit Card payment must include 3 or 4 digit control number found on the back of the credit card. There is a \$20.00 service charge for any returned check.

Credit Card Signature _____ Zip Code Associated with Credit Card _____

Credit Card Orders: *Visa ☐ *MasterCard ☐ *American Express ☐

Card Number-15 digit AMEX or 16 digit Visa or Mastercard

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3 or 4 Digit Control #

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Expiration Date

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